

**QuickFund\$** ( due not later than August 31)  
**FINAL EVALUATION REPORT: Arts Education Professional Development**  
Annual Commission Grant period July 1 to June 30

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

☐ Check if this is a new address? FAX: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Social Security Number or EIN Number (required for payment) \_\_\_\_\_

**1. Narrative evaluation of the grant** (attach additional sheets as necessary)

- Compare the actual accomplishments of the project to those proposed in the application.
- Explain the impact of this grant to applicant/community/region and the challenges encountered.

**2. Please submit copies of programs, publicity, and other printed materials.**

Conference/Workshop/Seminar Title _____
Where held _____ Date(s) of attendance _____

**3. Actual Expenses:** (retain copies of receipts for fees, lodging,, and airfare for three years)

	ICA Grant	Other Expenses
Fees (Workshop/Conference/Seminar) _____	\$ _____	\$ _____
Supplies and Materials (attach detail breakdown) _____	\$ _____	\$ _____
Fees for Services and Other Expenses (attach detail breakdown) _____	\$ _____	\$ _____
Travel and Subsistence (allowed for travel beyond a 25-mile radius):		
Airfare, or Mileage (\$.375 rate) _____	\$ _____	\$ _____
Rental Car (if applicable) _____	\$ _____	\$ _____
Meals (not to exceed \$30 per day) _____	\$ _____	\$ _____
Lodging _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

**Total expenses:** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Required cash match ratio 1:1)

**Application Certification:** "I certify that I have complied with the QuickFund\$ guidelines, that I have met the requirements, and that all of the information contained in this report is true and correct to the best of my knowledge."

\_\_\_\_\_  
Signature of Grantee

\_\_\_\_\_  
Date

Mail this form to: Idaho Commission on the Arts, PO Box 83720, Boise, Idaho 83720-0008

DATE	DOC#	RefDoc#						
Invoice	VENDOR#	Prj/Phase						
Sfx	TC	Rvs	PCA	ACC	Sub-Object	Amount	Fund	Grant/Ph
DESCRIPTION _____								

Grant Amount Paid \_\_\_\_\_

Program Director \_\_\_\_\_

Agency Approval \_\_\_\_\_